

## Foreword on Moving Forward

Language about **identity, diversity, equity, and inclusion** evolves relatively quickly. The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists

# CMEO BriefCase

## Take Action: Optimizing Equity in Mental Health Care

*Supported by an educational grant provided  
by Johnson & Johnson.*

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# Foundational Activities

The background features a network of white hexagons and circles on a dark teal background. In the top right corner, there is a white medical icon of a first aid kit with a cross.

**Racial/Ethnic Disparities  
in Mental Health Care:  
Real-World Strategies to  
Address Inequities in  
Treatment and  
Outcomes**

**Mental Health Care:  
Real-World Tactics to  
Address Health  
Inequities**

**Health Inequities in  
Mental Health Care**

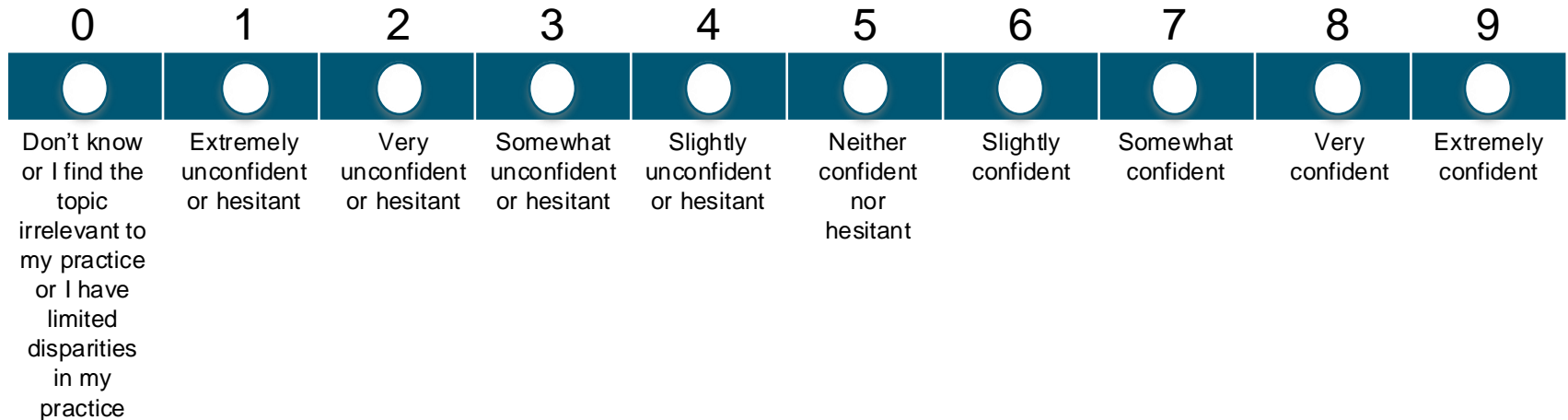
# Learning Objective

Identify health inequities in the diagnosis, treatment, and outcomes of patients with mental health disorders.

# Audience Response



**How confident are you in your ability to identify disparities in access to health care and other social and economic resources for patients with mental health conditions?**



# Patient Case: Ale (he/him/él)



- 18-year-old Latine transgender man
- Medical history: obesity and hyperlipidemia
- Following up with mental health professional after referral from primary care for continued symptoms of depression
- Has seen religious leaders in the past but believes that it wasn't helpful



# Audience Response



**Which of the following statements regarding disparities in major depressive disorder (MDD) is most accurate?**

- A. The prevalence of diagnosed MDD is equal among all racial and ethnic groups
- B. Religious or spiritual beliefs do not play a role in mental health-seeking behaviors
- C. More than half of LGBTQIA+ youths reported wanting mental health care and did not receive it
- D. Latine patients utilize mental health care at a rate that is 1/3 that of non-Hispanic White patients
- E. I don't know

# Disparities in Diagnosis



The prevalence of diagnosed MDD is lower for Black and Latine communities than for White communities

More than half of LGBTQIA+ youth who reported wanting mental health care did not receive it and endorsed multiple barriers to obtaining care

Latine patients utilize mental health care at a rate half that of non-Hispanic White patients

Denomination, quality, and intensity of religious and spiritual beliefs may impact mental health-seeking behaviors, underscoring the importance of collaboration with religious and spiritual leaders

Blue Cross Blue Shield. 2022. <https://www.bcbs.com/the-health-of-america/reports/racial-disparities-diagnosis-and-treatment-of-major-depression>.  
Caplan S, et al. *Hisp Health Care Int*. 2019;17(1):4-10. The Trevor Project. 2024. <https://www.thetrevorproject.org/research-briefs/breaking-barriers-to-quality-mental-health-care-for-lgbtq-youth>. Boateng ACO, et al. *Int J Psychiatry Med*. 2024;59(2):248-264. Dein S, et al. Psychiatric Times Website. 2010. <https://www.psychiatrictimes.com/view/religion-spirituality-and-mental-health>. Jasko A, et al. Life After Dogma Website. 2022. <https://lifeafterdogma.org/2022/01/19/religion-stigma-mental-illness/>. Koenig HG, et al. *BJPsych Advances*. 2020;26(5):262-272.

# Patient Case: Ale (he/him/él)



- Vitals:
  - Blood pressure: 125/86
  - Heart rate: 88 bpm
  - Height: 5'9"
  - Weight: 230 lbs
  - BMI: 34.0 kg/m<sup>2</sup>
- Symptoms: depressed mood, increased appetite, tension, worry, difficulty concentrating, loss of interest in activities, restlessness, racing thoughts, insomnia, pressure to keep talking, and self-harm
- PHQ-9:15, historically PHQ-9: 22; MDQ: 3/13 “yes” responses
- Previous medications: sertraline (quit for sexual dysfunction), duloxetine (ineffective and felt “horrible”), mirtazapine (quit for weight gain)
- Dx: Recurrent moderate MDD without psychotic features, with moderate anxious distress, and mixed features (F33.1)
- Meets TRD criteria for lack of response to two or more antidepressant regimens

# Audience Response



## Which of the following statements regarding disparities in the treatment of MDD is most accurate?

- A. Treatment rates for MDD are 33% lower in Black patients and 13% lower in Latine patients compared to White patients
- B. There are lower rates of counseling for diagnosed MDD in Black and Latine patients compared to White patients
- C. Treatment for MDD declined at greater rates for Black patients between 2018 and 2020 than for Latine or White patients
- D. Differences in treatment become more significant for patients from underserved racial and ethnic populations when moving from first-line to second-line and then third-line treatments
- E. I don't know

# Disparities in Treatment



Treatment rates for depression are lower for Black and Latine patients compared to White patients, with prescription treatment being 33% lower for Latine communities and 13% for Black communities

Treatment for MDD declined at greater rates in Latine communities from 2018 to 2020 than in Black or White communities

Counseling for diagnosed MDD is 21% lower for Latine communities than for White communities

Differences in treatment become more significant for patients from underserved racial and ethnic populations when moving from first- to second- and then third-line antidepressant treatment

# Patient Case: Ale (he/him/él)



- Current medication: 45 mg dextromethorphan/105 mg bupropion twice daily, 8-week exposure. Slightly effective, but not helpful for insomnia
- Patient feels like “nothing is working” and has concerns about trying any other medications that will cause sexual dysfunction and weight gain
- Currently having increased suicidal thoughts but no plan, especially at night when he is having trouble falling asleep
- HCP discusses treatment options using SDM with Ale for MDD

# Audience Response



**Given Ale's symptoms and lack of response to previous treatments, which treatment option would be most appropriate for this patient?**

- A. A stronger serotonin modulator
- B. Lithium carbonate and a tricyclic antidepressant
- C. Electroconvulsive therapy
- D. Augmentation of an antidepressant
- E. I don't know

# Disparities in Outcomes



Individuals from underserved racial and ethnic populations are more likely to suffer prolonged, severe episodes of depression that lead to a greater degree of functional impairment

LGBTQIA+ individuals with treatment-resistant mood disorders present with distinct clinical features, some of which have been previously linked with less favorable treatment outcomes

Optimal interventions for treatment-resistant depression consider holistic, environmental, and psychological factors as well as social drivers of health to improve outcomes

Social drivers of health have a significant effect on treatment response independent of access to care, quality of care, cost of medication, and insurance coverage

Social media use may be associated with larger increases in depressive symptoms, bullying, reactivity to stressors, and increased rejection sensitivity; negative social media encounters were more potent than positive ones

LGBTQIA+ individuals spend significant amounts of time in digital spaces and describe “learning more about their identity” but also experiencing “hate” even from within their own community online

Social media as a source of rejection and isolation correlates to higher rates of poor mental health, substance use disorder symptoms, and personality disorder symptoms

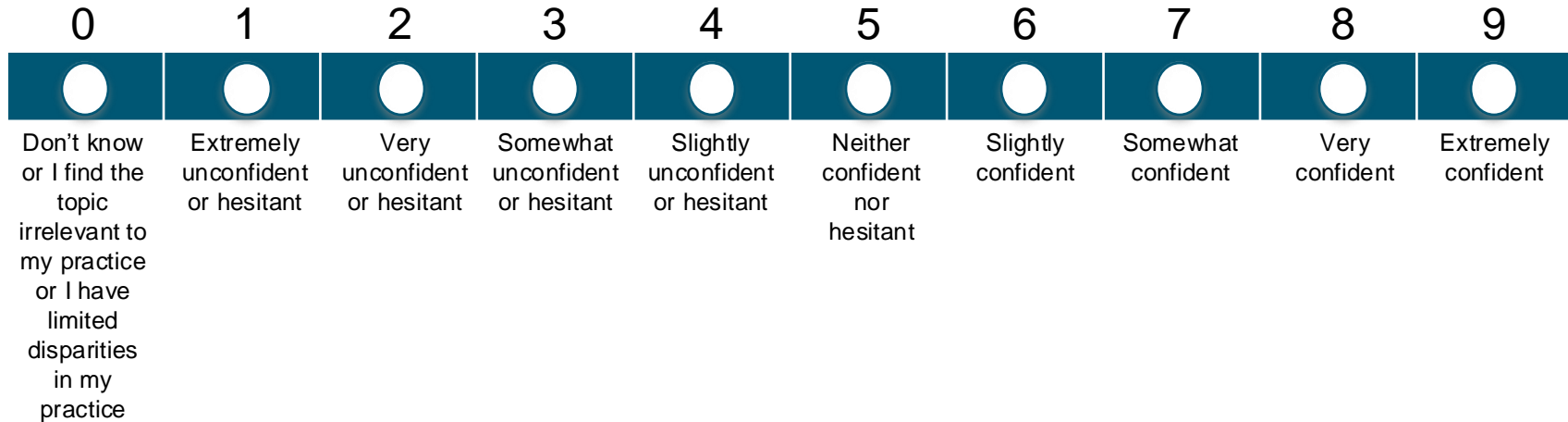
Rathod S, et al. *J Affect Disord.* 2024;352:357-365. Oka F, et al. *Psychiatrist Website.* 2022. <https://www.psychiatrist.com/jcp/treatment-resistant-mood-disorders-lgbtq>. Schroder HS, et al. *SSM-Mental Health.* 2022;2:100081. Johnson HR. *Psychiatry Advisor Website.* 2022. <https://www.psychiatryadvisor.com/news/patients-success-with-mdd-treatment-can-depend-on-income-and-race/>. Brent D. *Treatment-Resistant Depression in Adolescents.* UPMC Physician Resources Website. 2024. [https://www.upmcphysicianresources.com/-/media/physicianresources/pdf-publications/psychiatry/synergies\\_winter\\_2018\\_07\\_final.pdf](https://www.upmcphysicianresources.com/-/media/physicianresources/pdf-publications/psychiatry/synergies_winter_2018_07_final.pdf). Nover A. *Psychiatry Advisor Website.* 2018. <https://www.psychiatryadvisor.com/news/negative-social-media-interactions-have-significant-effects-on-depressive-symptoms/>. Fisher CB, et al. *Comput Hum Behav.* 2024;156:108194. Haltigan JD, et al. *Compr Psychiatry.* 2023;121:152362.



# Audience Response



**Now, how confident are you in your ability to identify disparities in access to health care and other social and economic resources for patients with mental health conditions?**



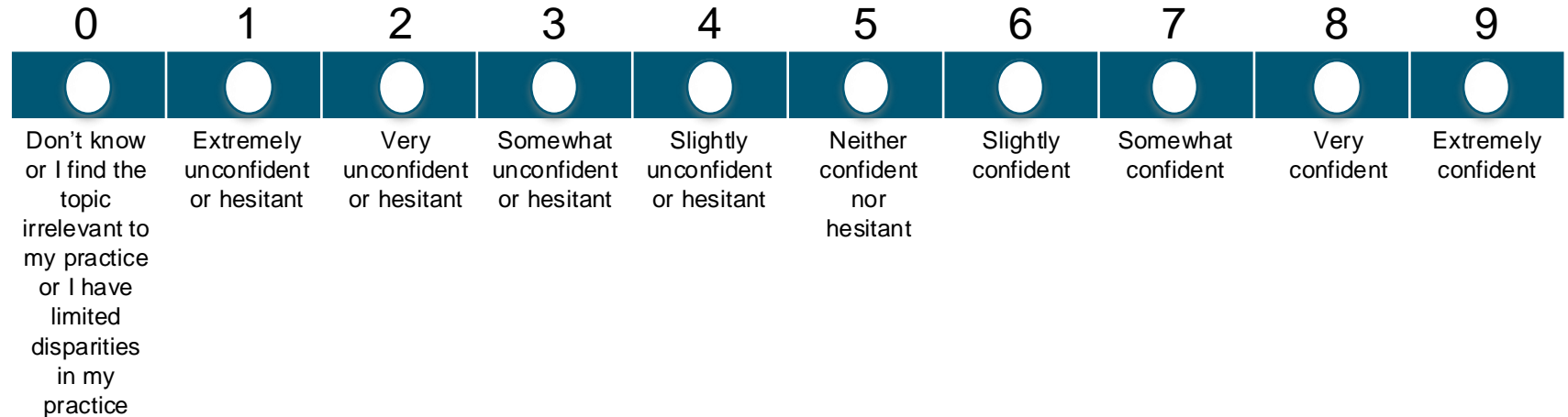
# Learning Objective

As a member of the health care team,  
implement actionable, collaborative  
strategies to improve health equity

# Audience Response



**How confident are you in your ability to utilize an appropriate social drivers of health screening that considers factors such as culture, religion, and housing when caring for patients with MDD?**



# The Impact of MDD Through a Racial and Ethnic Social Drivers of Health Lens

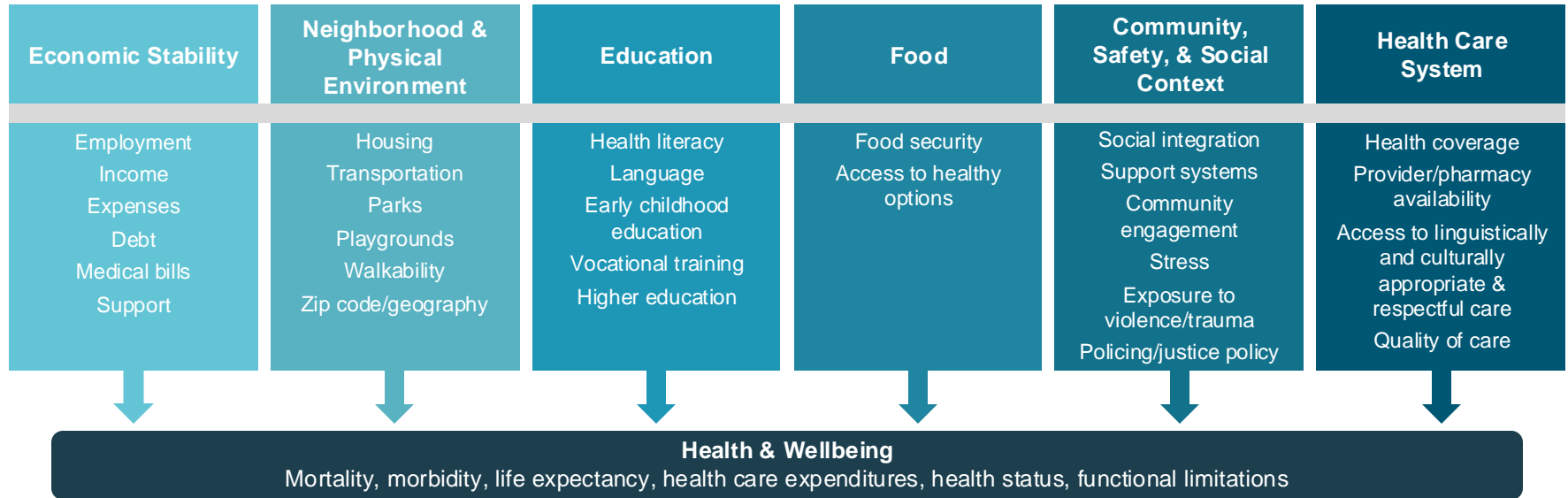
- Latine, Black, and White LGBTQIA+ adults are more likely than their non-LGBTQIA+ peers to report experiencing discrimination at least a few times in the past year as well as having higher incidence of depression
- Unhoused youth, who are at an increased risk for MDD, often engage in “couch-surfing” and are more likely to be LGBTQIA+ or from underserved racial and ethnic populations

*Now you group the three situations and well, nothing is easy. It's not at all easy to be Latina in this country. It's not at all easy to be transgender. It's not at all easy to be immigrant. If you combine all of this, it leads to something terrible, no? To feel less than, and well, things like that.*



# Actionable Strategies: Screening Social Drivers of Health in MDD

- Develop checklists for patients to select Z codes, SNOMED, LOINC
- Incorporate social drivers of health & HRSN screening tools such as PRAPARE, WHO-QOLBREF, WE CARE, Health Leads, The AHC Health-Related Social Needs Screening Tool, or AAFP Social Needs



SNOMED = Systematized Medical Nomenclature for Medicine-Clinical Terminology; LOINC = Logical Observation Identifiers Names and Codes; HRSN = health-related social needs.  
 Magoon V, et al. American Academy of Family Physicians Website. 2022. <https://www.aafp.org/pubs/fpm/issues/2022/0300/p6.html>. Deferio JJ, et al. *J Am Med Inform Assoc.* 2019;26(8-9):895-899. Moen M, et al. *Popul Health Manag.* 2020;23(6):422-429. Drake P, et al. Kaiser Family Foundation Website. 2022. <https://www.kff.org/coronavirus-covid-19/issue-brief/tracking-social-determinants-of-health-during-the-covid-19-pandemic/>. Painter H, et al. *Public Health Pract (Oxf).* 2024;7:100466.

# Patient Case: Ale (he/him/él)



- Patient undergoes social drivers of health screening from HCP to elicit more patient-specific factors
- Patient has transportation-related difficulties, doesn't have his own car
- Patient reports using a lot of social media (> 3 hours a day), describing it as the only way to “connect with people that get him” but at the same time “experiences a lot of bullying” and frequent interactions with “sexting”
- Patient attends the Church of Latter-Day Saints, though the congregation and his family do not support his transition
- Patient comes from a family of 8 and has to share a bed with younger siblings, which worsens his insomnia
- Patient frequently “couch surfs” at friends’ houses to avoid the chaos at home and be around his community

Wolfe MK, et al. *Am J Public Health*. 2020;110(6):815-822. Gassó AM, et al. *Int J Environ Res Public Health*. 2019;16(13). Schmidt F, et al. *Trauma Violence Abuse*. 2024;25(3):2158-2172. Dyer WJ, et al. Deseret News Website. 2024. <https://www.deseret.com/2023/6/20/23759342/latter-day-saint-mental-health-research/>. Skidmore SJ, et al. *Rev Relig Res*. 2022;64(4):665-685. Perez-Figueroa AM, et al. *J Pastoral Care Counsel*. 2024;78(1-2):16-23. Hoyniak CP, et al. *J Fam Psychol*. 2022;36(5):757-769. Petry L, et al. *J Adolesc Health*. 2022;70(5):743-750. Rhoades H, et al. *J Soc Distress*. 2024;33(1):186-197.

# Actionable Strategies: Addressing Social Drivers of Health in MDD



- Obtain case manager to assist the patient with housing and Medicaid process
- Work with the patient to find a therapist, counselor, or LCSW that has appropriate experience
- Engage in SDM to select an appropriate medication therapy that considers the patient's concerns and goals for treatment
- Consider intensive outpatient program or group therapy for increased suicidality without a plan

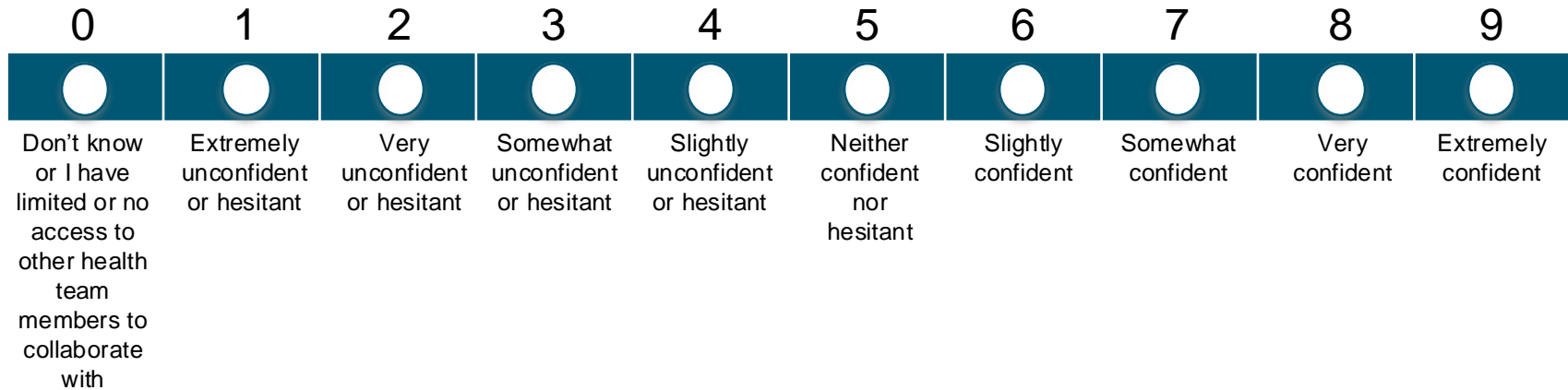
LCSW = Licensed Clinical Social Worker.

Ponka D, et al. *PLoS One*. 2020;15(4):e0230896. Knox M, et al. *BMJ Open Qual*. 2022;11(2). Rosati F, et al. *Int J Environ Res Public Health*. 2022;19(22). Kaminskiy E, et al. *Front Psychiatry*. 2021;12:678005. Kennard B, et al. *J Adolesc Health*. 2019;64(3):362-369.

# Audience Response



**How confident are you in your ability to manage mental health conditions with a team-based or collaborative approach?**





# Patient Case: Ale (he/him/él)



- HCP starts an appropriate adjunctive therapy using SDM that considers co-occurring insomnia and treatment resistance
- Case manager assists Ale with finding housing and the Medicaid application process so he can obtain transportation to appointments
- LCSW with experience in mood disorders, the LGBTQIA+ community, and religious and spiritual wellness helps Ale engage in professionally led support groups rather than social media-led groups
- A therapist works with Ale to decrease engagement with social media and foster more in-person interactions, benefitting mood improvement

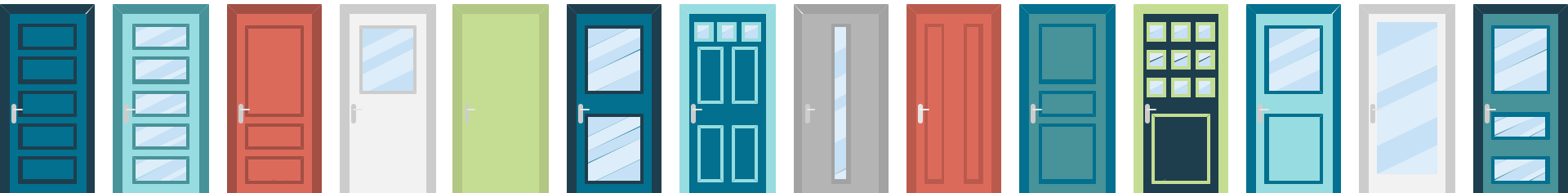
# The “Any Door” Model



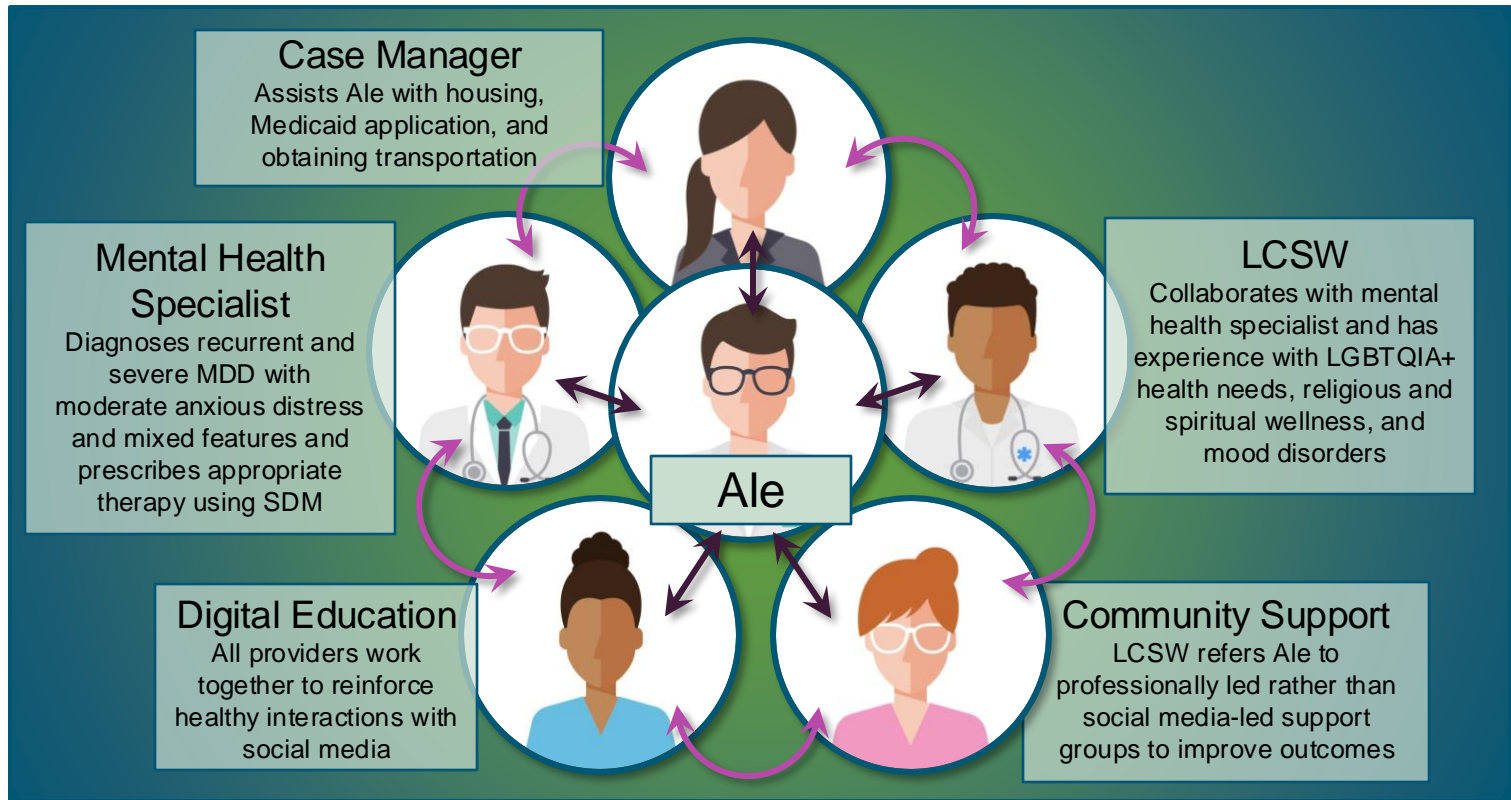
The **“any door”** model refers to a system where patients can access mental health services through **any entry point** in the healthcare system. This approach aims to ensure that **individuals receive appropriate mental health care regardless of where they first seek help**, whether it be through emergency rooms, primary care, or other healthcare settings.

This concept addresses the fragmentation of care and aims to improve coordination across different levels and types of services. It involves **linking preventive, treatment, and rehabilitation services to provide continuous and comprehensive care**, particularly for those with **complex or chronic conditions**.

Implementing this model can help **reduce gaps in care, prevent hospital readmissions, and ensure timely referrals**. Coordinated care efforts, including shared electronic patient records and regular team meetings to discuss patient needs, can significantly **improve the continuity and quality of care** provided to patients.



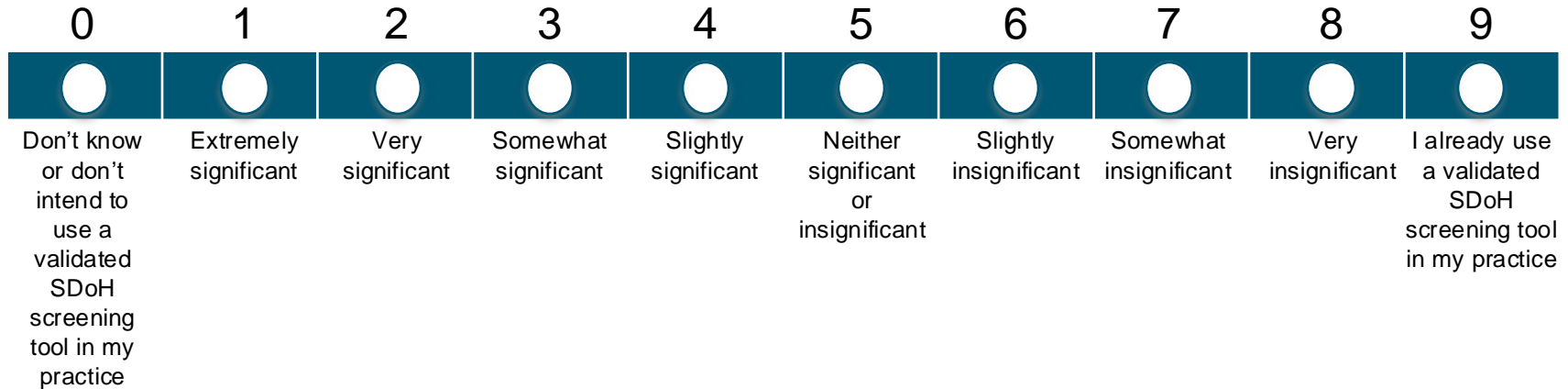
# Team-Based Approach for the Management of MDD



# Audience Response



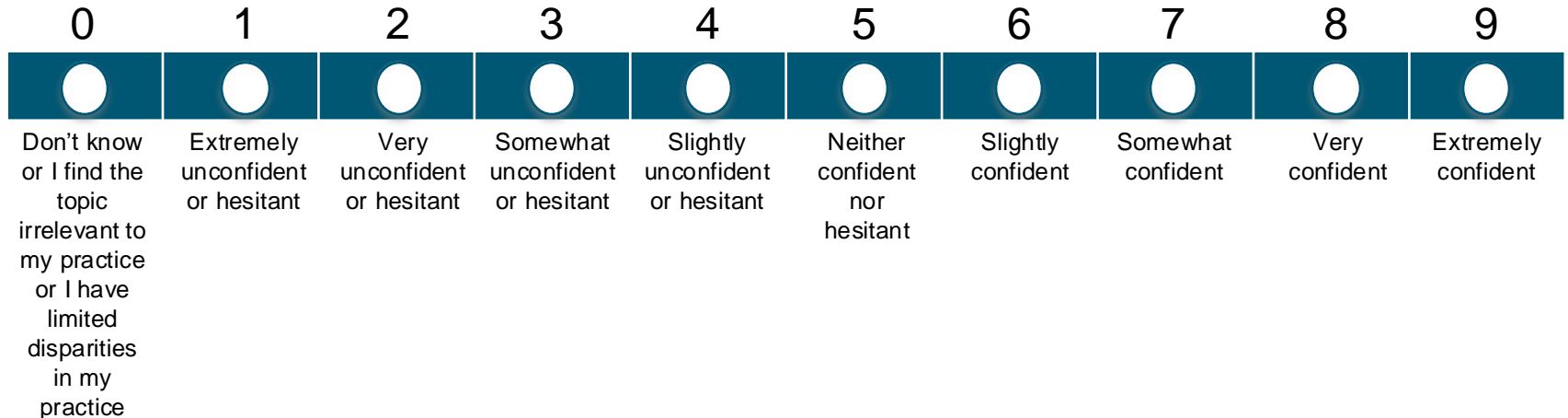
**How significant are the barriers in your practice to utilizing an appropriate social drivers of health screening that considers factors such as culture, religion, and housing when caring for patients with MDD?**



# Audience Response



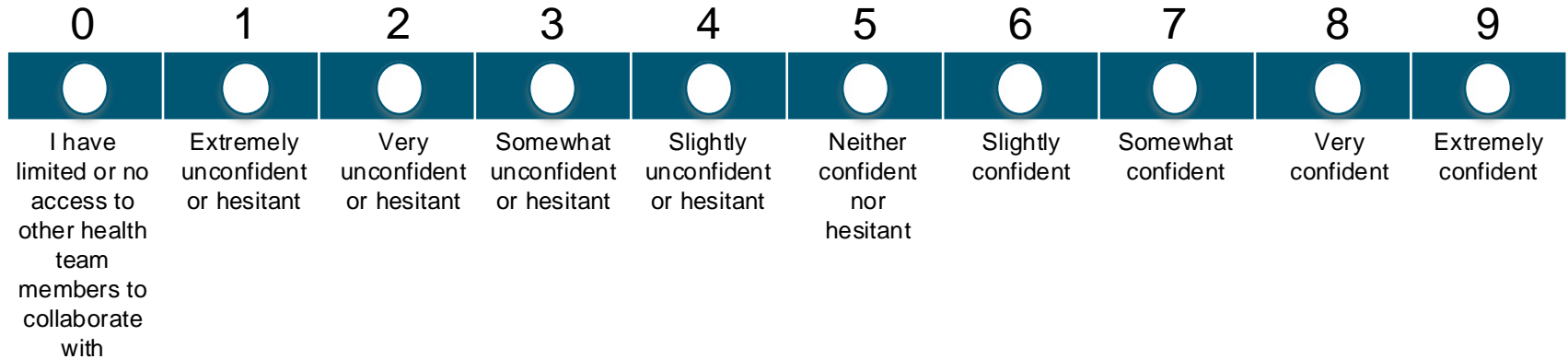
**Now, how confident are you in your ability to utilize an appropriate social drivers of health screening that considers factors such as culture, religion, and housing when caring for patients with MDD?**



# Audience Response



**Now, how confident are you in your ability to manage mental health conditions with a team-based or collaborative approach?**



# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- Identify disparities in the diagnosis and treatment of MDD
- Identify the impact of disparities related to LGBTQIA+ status, race and ethnicity, and housing status when caring for patients with MDD
- Integrate holistic treatment strategies, including social drivers of health screening, into the care of patients with MDD to improve equity in treatment outcomes
- Consider team-based strategies in the care of patients with MDD to address inequities in treatment outcomes



**Engage in all of the activities in this series:**

**Take Action:  
Optimizing Equity in  
Cardiology Care**

**Take Action:  
Optimizing Equity in  
Gastroenterology  
Care**

**Take Action:  
Optimizing Equity in  
Bariatric Surgery  
Care**



# Diversity & Inclusion Hub



A robust hub of resources for continued education on diversity, equity, and inclusion in health care.

<https://www.cmeoutfitters.com/practice/diversity-and-inclusion-hub/>

# To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.